## VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES OFFICE OF PESTICIDE SERVICES

#### PESTICIDE DISPOSAL PROGRAM REGISTRATION

PLEASE COMPLETE THE ENTIRE FORM. LIST ONLY THOSE PESTICIDE(S) THAT **REQUIRE DISPOSAL**. IF THE PESTICIDE IS UNKNOWN OR UNLABELLED, LIST IT AS "UNKNOWN" UNDER "PESTICIDE TRADE NAME" AND COMPLETE THE OTHER COLUMNS. <u>IF THE PACKAGE IS PARTIALLY FILLED, ESTIMATE QUANTITY AS CLOSELY AS POSSIBLE</u>. USE ADDITIONAL SHEETS IF NECESSARY.

COUNTY/CITY

#### RETURN COMPLETED REGISTRATION FORMS TO: LIZA FLEESON, VDACS-OPS, PO BOX 1163, RICHMOND, VA 23218 OR FAX 804-786-9149.

DATE \_\_\_\_

NAME						
MAILING ADDRESS						
TELEPHONE NUMBER ( ) NUMBER OF ADDITIONAL SHEETS ATTACHED						
DO YOU HAVE PESTICIDES THAT <u>CANNOT</u> BE SAFELY IF YES, PLEASE EXPLAIN	TRANSPORTED TO THE COLLECTION SITE? YES	NO			-	
DO YOU HAVE PESTICIDES <u>IN EXCESS</u> OF 3000 POUNE						
DO YOU HAVE ANY UNKNOWN PESTICIDES <b>GREATER</b>	THAN 50 POUNDS FOR SOLIDS OR 5 GALLONS FOR LIQU	JIDS?YES	NO			
PESTICIDE TRADE NAME	ACTIVE INGREDIENT	QUANTITY (LBS OR GALS)	L (LIQUIDS) S (SOLIDS)	NO. & SIZE OF PACKAGES		
Example: Bicep	Atrazine + Metolachlor	10	L	4 - 2.5		

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